CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		T			
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER	M. Cocy		S. Barried		
NAME	Mr. Cory	SUFFIX	Date Received		
	Clements				
	Clemenis		AL II City Coorotany		
4 CANDIDATE/	1	CITY; STATE; ZIP CODE	Abilene City Secretary		
OFFICEHOLDER MAILING	1053 S. 3rd 1	Abilene TX 79602	APR 28 2017		
ADDRESS					
Change of Address			Filed for Record		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(325) 437-6544		Date Hand-delivered or Date Postmarked		
PHONE		MI	Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI			
NAME	Mr. Blaise		Date Processed		
	NICKNAME LAST	OUTTA	Date Imaged		
	Regan				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S 500 Chastnat St.	SUITE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	500 Chastnat St.	STE 1701 Abilene, 1X	17602		
(Residence or Business)					
- CAMBAIGN	AREA CODE PHONE NUMBER	EXTENSION	- Hall		
8 CAMPAIGN TREASURER	(375) 768 - 4142				
PHONE	(363) 248 - 1192				
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment		
		lo servi	(Officeholder Only)		
	July 15 8th day before e	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	03 /28/2017	THROUGH 64 /	26/2017		
	1,445	3/40033.5003.40q26932			
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	05/06/2017 X Genera				
	03/04/6011 =				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)		
			1 21 -		
		City Council	1, Place 3		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	1 +	15 File	r ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE GENERAL SPECIFIC	Abilene Police Officer's Ass COMMITTEE ADDRESS Z110 N. Machingbird Abilene TX 79603 COMMITTEE CAMPAIGN TREASURER NAME	sociation		
Additional Pages		Joshua M. Ward COMMITTEE CAMPAIGN TREASURER ADDRESS ZLIO N. Mackingdird Abkar, TX 79603			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40.00		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,681.83		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 458.28		
OUTSTANDING LOAN TOTALS	6. TOTAL LAST [PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT	AUSTIN RE Notary Public, Sta Comm. Expires (Notary ID 130	ote of Texas 08-25-2020	ion required to be reported by me		
AFFIX NOTARY STAI	MP/SEALABOVE				
Sworn to and subscribed before me, by the said, this the, this the, this the, this the, and of, and of					
Signature of officer	administering oath	Autin Zegan Printed name of officer administering oath	Public Nutary Title of officer administering oath		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME		ID (Ethics Commission Filers)		
Cory Cle	ments			
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOL KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE N OF SUCH EXPENDITURES.				
	COMMITTEE TYPE COMMITTEE NAME			
	* GENERAL Abilene Fire Fighters Ass	ociation		
	SPECIFIC COMMITTEE ADDRESS			
	1717 Butternut, Abilene, TX	79602		
	COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages	Ernie Locke			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	1717 Butternut, Abilene, TX	79602		
17 CONTRIBUTION TOTALS	 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$		
18 AFFIDAVIT				
	I swear, or affirm, under penalty of perjury, true and correct and includes all information	that the accompanying report is		
Tana Marine	AUSTIN REGAN under Title 15 Election Code.	nirequired to be reperted by me		
	otary Public, State of Texas	$\overline{}$		
OF OF	omm. Expires 08-25-2020 Notary ID 130795585			
-anno	Signature of Candidate	or Officeholder		
AFFIX NOTARY STA	MP/SEALABOVE			
Sworn to and subs	cribed before me, by the said	_, this the		
	, 20 7, to certify which, witness my hand and seal of office.			
an	- Austin Regan	Public Notary		
Signature of officer	administering oath Printed name of officer administering oath	itle of officer administering oath		
		Povised 9/8/2015		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Con	
	Cory Clements	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,445.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,681.83
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Cary Clements 4 Date 5 Full name of contributor out-of-state PAC (ID#:______) 3/29/17 DAnn Clements 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) 3/30/17 Tim Helbert Contributor address; City; State; Zip Code 42 Bay Share Ct., Abhlenc TX 74002 Principal occupation / Jub title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#: Amount of contribution (\$) 500.00 Amount of contribution (\$) Abilene Police Officer's Association Contributor address; City; State; Zip Code 2110 N. Machingdord Abilene TX 79603 Dation / Job title (See Instructions) Employer (See Instruct 1,000.00 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#: _____) Amount of contribution (\$) Contributor address; Gity; State; Zip Code 100,00 Principal occupation / Job title (See Instructions) Small Business Owner Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: -3 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) ____ out-of-state PAC (ID#: _______) Amount of contribution (\$) Date Pull name of School Amount of contribution (\$) Date 4/3/17 Harrop T Miller Contributor address; City; State; Zip Code 100,00 1107 N. 3rd St. Apt 1603 Abilens TX 71601 tion / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) 4140 Rocky Maintain Trl, Raw Rock TX 75651 Principal occupation / Job tille (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 500.00 Amount of contribution (\$) 17/7 Sufferant, Abilent TX 79602 aut-of-state PAC (ID#:_____ Amount of contribution (\$) Kristen VanderPles Contributor address; City; State; Zip Code on / Job title (See Instructions) 25.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#: Andres Jackson 4/24/17 Contributor address; City: State: Zip Code 181 Pine Street, Abilene TX 79601 Principal occupation / Job title (See Instructions) Attorney Tackson La Firm ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Cory Clements 5 Payee name Crystal Skaggs 7 Payee address; City; 3/29/17 6 Amount (\$) 104 Pine Street #304, Abilene, TX 79601 157.14 (b) Description (a) Category (See Categories listed at the top of this schedule) ☐ Check il travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder fiving expense OF EXPENDITURE Event Expense Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3/29/17 Jim Sadler Band Amount (\$) 750.00 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** O۴ Check if Austin, TX, officeholder living expense EXPENDITURE Event Expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH 2,566.67 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Marketing, Oper Hangers Flyers Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Contributions/Dorlations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cory Chements 4 Date 4/19/17 Ablenc Kyorter News 6 Amount (\$) 7 Payee address; City: State; Zip Code 1,244.73 101 Cygrass, Abilene, TX 79601 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Рауее пате 4/26/17 Facebook, Inc. Amount (\$) Payce address; City; State: Zip Code 2.501.54 1 Hacker Way, Menlo Perk CA Category (See Categories listed at the log of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertisery Expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH P.O. Box 84314 Baton Raye, LA 70884 7.1.98 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Accounting Banking Candidate + Officeholder name Another Vaccoing Fees Office sought Office Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED